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## **TRANSMITTAL FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 6

Application Numb r	10/087,167					
Application Rullib 1						
Filing Dat	10/24/2001					
First Named Inventor	PASCAL					
Group Art Unit	1638					
Examiner Name	ТВА					
Attorney Docket Numbe	50018USNP					

ENCLOSURES (check all that apply)									
Fee Transmittal Form Fee Attached	Assignment Papers (for an Application)  Drawing(s)	After Allowance Communication to Group  Appeal Communication to Board of Appeals and Interferences							
Amendment / Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement	Licensing-related Papers  Petition  Petition to Convert to a Provisional Application  Power of Attorney, Revocation Change of Correspondence Address  Terminal Disclaimer  Request for Refund  CD, Number of CD(s)	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please identify below):  RECEINTON							
Certified Copy of Priority Document(s)  Response to Missing Parts/ Incomplete Application  Response to Missing Parts under 37 CFR 1.52 or 1.53	• •	3 reference documents; postcard receipt; PTO Form 1449; International Search Report							
SIG	NATURE OF APPLICANT, ATTORNEY, OR	AGENT							
Firm or Mary Kakefuda, Attorney for Applicant, Registration No. 39,245									
Signature	Mong Kahefuda								
Signature Mary Kahefudh  Date 10/30/03									
CERTIFICATE OF MAILING									

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PTO/SB/17 (01-03)

Approved for use through 04/30/2003. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Compl te if Known FEE TRANSMITTAL 10/087,167 **Application Number** for FY 2003 Filing Date October 24, 2001 **PASCAL** First Named Inventor Effective 01/01/2003. Patent fees are subject to annual revision. **Examiner Name** TBA Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1638

TOTAL AMOUNT OF PAYMENT (\$) 100,00						Attorney Docket No.					
METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)						
Check Credit card Money Other None			3. ADDITIONAL FEES								
			Large	Entity	Small	Entity					
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Name The Commissioner is authorized to: (check all that apply)				1053	130	1053		Non-English specification	<u> </u>		
Charge fee(s) indicated below Credit any overpayments				· ·	2,520	1812	•	For filing a request for ex parte reexamination	<del></del>		
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Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action			
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	Fee Fee Code (\$)	<u> </u>	ee Description	Fee Paid	1254	1,450	2254	725	Extension for reply within fourth month		
	2001 37	5	Utility filing fee		1255	1,970	2255	985	Extension for reply within fifth month	<u> </u>	
	2002 16		Design filing fee	<u> </u>	1401	320	2401	160	Notice of Appeal		
1	2003 26		Plant filing fee		1402	320	2402		Filing a brief in support of an appeal		
1004 750	2004 37	5	Reissue filing fee	e	1403	280	2403	140	Request for oral hearing		
1005 160	2005 8	0	Provisional filing	fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding		
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l			Ext <u>ra Claim</u> s	below Fee Paid	1502	470	2502	235	Design issue fee		
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1202 18 1201 84	2202 2201	_	Claims in excess Independent cla	aims in excess of 3	1809	750	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))		
1203 280	2203		-	dent claim, if not paid	1810	750	2810	375	For each additional invention to be examined (37 CFR 1.129(b))		
1204 84	2204	42	** Reissue inde over original	pendent claims patent	1801	750	2801	375	Request for Continued Examination (RCE)		
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and over original patent							of a design application				
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**or number previously paid, if greater; For Reissues, see above				*Red	uced by	Basic I	iling F	ee Paid SUBTOTAL (3) (\$) 180.	00		
SUBMITTED BY (Complete (if applicable)											
Name (Print/Typ	е)	Mary	Kakefuda			Registra		39.	245 Telephone 919-765-5071		
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